

7054 Miramar Road
 San Diego, CA 92121
 P: 858.457.9500 • F: 858.566.4677
 ReplicaSanDiego.com

Date: _____, 20____

(Please Type or Print)

Maximum credit applied for: \$ _____

Business & Corporate Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Fax: (_____) _____ Email: _____

Billing Address: _____ A/P Contact: _____

 Type of Business: Corporation Partnership Proprietorship Year Established: _____ Type of Business: _____

_____ [PLEASE LIST NAME, ADDRESS & SOCIAL SECURITY NUMBER OF EACH PRINCIPLE/PARTNER/PROPRIETOR] _____

Name: _____ Address: _____ SS No.: _____

Name: _____ Address: _____ SS No.: _____

Name: _____ Address: _____ SS No.: _____

Bank Affiliation: _____ Bank Officer: _____ Phone No.: _____

Address: _____ A/C No.: _____

❖ NAME OF AUTHORIZED BUYERS ON THIS ACCOUNT:

 1: _____ Are Purchase Orders Required to Charge Your Account? Yes No

2: _____ If your purchases are exempt from sales tax, please provide a current

3: _____ Resale No. and a Copy of the Certificate: _____

❖ BUSINESS REFERENCES:

1) Name: _____ Address: _____ Phone/Fax: _____

2) Name: _____ Address: _____ Phone/Fax: _____

3) Name: _____ Address: _____ Phone/Fax: _____

Of credit extended to the firm by REPLICA, it is agreed that all purchases made in any particular month will be due and payable by the tenth day of the following month. The undersigned individual, to induce the granting of credit to the firm, hereby personally guarantees payment of any amount of credit extended by REPLICA to the firm. This guaranty is an absolute and unconditional guarantee of payment.

Name: _____ Title: _____

Signature: _____ Date: _____

❖ IF YOU PREFER TO PAY FOR YOUR PURCHASES BY CREDIT CARD, PLEASE PROVIDE THE FOLLOWING DETAILS:

 Type of Credit Card: VISA Master Card AMEX Discover Card

Name on the Card: _____ Card Number: _____ Exp Date: _____

I/We authorize REPLICA to charge my/our credit card for purchases made at REPLICA.

Name: _____ Title: _____ Authorized Signature: _____

❖ FOR CREDIT DEPARTMENT USE ONLY

Length of Time Sold 1: _____ 2: _____ 3: _____

High Credit _____

Pays When Due _____

Other Comments _____

Credit Limit Authorized: _____ Authorized By: _____ Date: _____